## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000273144

**Entity Name: ABDO CECCATO LLC** 

**Current Principal Place of Business:** 

6735 CONROY ROAD

STE 309

ORLANDO, FL 32835

**Current Mailing Address:** 

6735 CONROY ROAD **STE 309** 

ORLANDO, FL 32835 US

FEI Number: 84-3768627 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ICONNECT SOLUTIONS CORP 6735 CONROY ROAD STE 309 ORLANDO, FL 32835 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **AMBR** Title **AMBR** 

Name JORGE ABDO, CHAMONE Name ABDO SILVA, SIMONE JORGE Address

AV PRESIDENTE KENNEDY, 300 ALAMEDA DOS OITIS, 183 Address CASA 26

BELO HORIZONTE MG 31270--810 City-State-Zip: City-State-Zip: NOVA LIMA MG 34004-114

Title AMBR Title **AMBR** 

Name M SOUZA DE O E ALVES, CYNTHIA Name SAMPAIO CECCATO, BENITO

Address RUA EMIDIO FURTADO, 109 Address **RUA GARUMA,376** 

City-State-Zip: BELO HORIZONTE MG 31570-120 **APT 204** 

City-State-Zip: BELO HORIZONTE MG 31270-370

Title **AMBR** 

RODRIGUES DA SILVA, ANANIAS Name

ALAMEDA DOS OITIS, 183 Address

City-State-Zip: BELO HORIZONTE MG 31270-810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHAMONE JORGE ABDO

**AMBR** 

03/16/2023 Date

Date

**FILED** Mar 16, 2023

**Secretary of State** 

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